IF THE PAGE FILMED IS NOT AS LEGIBLE AS THIS LABEL, IT IS DUE TO THE QUALITY OF THE ORIGINAL.

Site Ideniification Form/ Preliffiinsiy Asseumem (PA)

0500	POTENTIAL HAZARDOUS W	ASTE SITE	RESION	SITE NUMBER (to be as-
The Contract of the Contract o	FICATION AND PRELIMINA	No.	TI	
OTE: This form is completed for ubmitted on this form is based on and on-site inspections.	each potential hazardous waste	site to help set priorities for	site inspe	ction. The information
ENERAL INSTRUCTIONS: Complesesement). File this form in the Agency; Site Tracking System; Har	lete Sections I and III through X Regional Hazardons Weats Log rardous Wasts Entreprises, Task	as completely as possible File and submit a copy to: 7.00 (EN-335); 401 M St.,	before Secti U.S. Enviro SW; Washi	ion II (Preliminary nmental Protection ngton, DC 20460.
· Illunsanto Ca-	I. SITE DENT			156
SITE NAME	girustaral Co. 1	DO Box 174		
CITY CONSANTO U		STATE E. ZIP CODE	F. COUN	TY NAME
Luling Fa.	100	Fa 70070	Sit	Charles
. OWNER/OPERATOR (Il'known)				PHONE NUMBER
Confait Lou	Frank, Princy	pal Engineer	(504)	785-8211
H. TYPE OF OWNERSHIP		~		
1. FEDERAL 2. STATE	3. COUNTY 4 MUNICIP	AL AS PRIVATE L	UNKNOWY	
. SITE DESCRIPTION				
Fertilizer / Hert	breich manufa	chering.		
. HOW IDENTIFIED (I.e., citizen's co	mplainte, OSHA citatione, e(c.)			K. DATE IDENTIFIED
RCRA rou	time cospection	-		8/4/81
1. NAME Gerald /	1. 0. 00	the application	JAN TELE	PHONE NUMBER
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		B. STORER	C. TREA	TER X	D. DISPOSER
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3. BARGE		FACE IMPOUNDMENT	2. INCINERATION		
A. TRUCK	X 3. DR		P. VILUME REDU	CTION 3. OPE	
S. PIPELINE		NK. ABOVE GROWNS	4. SECYCLING/R	ECOVERY 4. SURF	ACE IMPOUNDMENT
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10. OTHER (specif					
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2. Estimate the amo	tes available? Specify rearrifest; punt (specify unit of m b. OIL AMOUNT COO Person	easure) of waste by cate c. SOLVENTS	egory; mark 'X' to inc	ficate which wastes are	present.
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V. WASTE RELATED INFORMATION (continued) how materials and waster appear to be well managed & ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE. vone VI. HAZARD DESCRIPTION INCIDENT E. REMARKS . TYPE OF HAZARD I. NO HAZARO 1. HUMAN HEALTH S. HON-HORKER ---S. CONTAMINATION NO . CONTAMINATION NO T. CONTAMINATION . CONTAMINATION NO . PLORA/FAUNA 10. FISH STLL 11. CONTAMINATION 12. NOTICEABLE GOORS 13. CONTAMINATION OF SOIL NO 14. PROPERTY DAMAGE 15. FIRE OR EXPLOSION 14. SPILLS/LEAKING CONTAINERS/ 17. SENER. STORM 11. EROSION PROSLEMS S. INADEQUATE SECURITY 10. NCOMPATIBLE MASTES 21. MIGHIGHT CUMPING 11. STHER (*** cotty): Continue On Reverse PAGE 1 OF A SPA Farm (2070-2:10-79)

	V	II. PERMIT INFO	
INDICATE ALL APPLICABLE PE	RMITS HALD BY THE	SITE.	JAMATION
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4. AIR PERMITS - 2 LO		. RCRA TRANSPO	- Heritales Heritales
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10. OTHER (specify): See	DNR Cemi	it apple	entire & self menone is an lited late.
IN COMPLIANCE?		7-5-22	a fully date.
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& WITH RESPECT TO /list requi			
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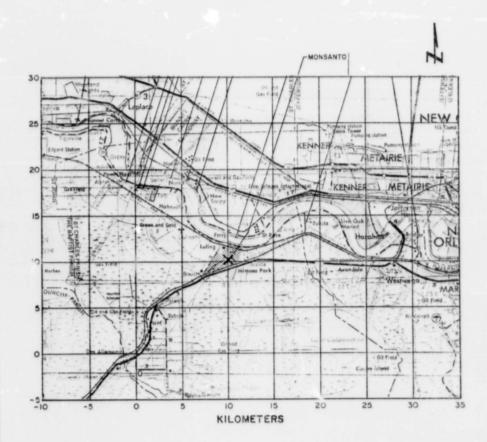
WECENER AND A WARREN A TOWN THE WARREN

_	A Notificat	01-140	Hazar	dous	Waste	Sit		Agency	States mental Protectio gton DC 20460
	This initial notification inform required by Section 103(c) of the tensive Environmental Responsation, and Liability Act of 198 be mailed by June 9, 1981.	ation is he Compre-	additional si	pace, usc ate the let	e ink. If you not separate sheus iter of the item	eri s of	50	8-5-8	7
A	Person Required to Notify:								
	Enter the name and address of	the person	Name	Mcisa	into Company		as VII		
	LAD 00 170 675	ity.	Street	P. 0.	Box 174				
	1		City	Lulin	q		State LA	Zip Code	70070
	Site Location: 10098-	717-53	28				Oldie Lift	zip code	70070
"	Enter the common name (if kno		Name of Site	Lulin	g Plant				
	actual location of the site.	own) and		River					
	142 525	,	Street			-			
	Person to Contact:		City	Lulin	g CountySt.	Charle	SState LA	Zip Code	70070
•	Enter the name, title (if applical	blet and	Name (Last, Firs	st and Title)	Keffer, C	harles !	d Envis	onmontal	Cunk
	business telephone number of	the person	Phone					Unimerical	supt.
	to contact regarding information submitted on this form.	n	Phone	(504)	785-8211,	Ext. 45	/		
_									
	Dates of Waste Handling:								
- 1	Enter the years that you estimat treatment, storage, or disposal tended at the site.	te waste began and	From (Year)	1957	To (Year)	1979			
	treatment, storage, or disposal tended at the site. Waste Type: Choose the opt Option I: Select general waste:	ion you pre	fer to compl	lete	Option 2: Th	is option is	available to	persons fam	niliar with the
	treatment, storage, or disposal tended at the site. Waste Type: Choose the opt	ion you pre	efer to compl	lete	Option 2: Th	is option is	and Recovery	persons fam y Act (RCRA)	niliar with the
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IF THE PAGE FILMED IS NOT AS LEGIBLE AS THIS LABEL, IT IS DUE TO THE QUALITY OF THE ORIGINAL.

	Notification of Hazardous Waste Site	Side Two	-			
	Waste Quantity:	Facility Type	Total Fac	cility Waste An	mount	
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. Piles	cubic feet	Not Know		-
	In the "total facility waste amount" space	Land Treatment Landfill	gallons	,	4	
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. 🗆 Tanks	Total Fac	cility Area		
	using cubic feet or gallons.	Impoundment Underground Injection	square feet	1		
	In the "total facility area" space, give the estimated area size which the facilities	7. Drums, Above Ground	acres	18		
	occupy using square feet or acres.	8 III Other (Specify)				
-	Known, Suspected or Likely Releases to	the Environment:				
	Place an X in the appropriate hoxes to indica- or likely releases of wastes to the emirronmen	t.	Dor	□ Suspected n't Know		
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items wai assist EPA and State the items is not required, you are en-	e and local gove couraged to do	ernments in loc so.	ating and	assessing
1	Sketch Map of Site Location: (Optiona					
	Sketch a map showing streets, highways, routes or other prominent landmarks near					
	the site location. Draw an arrow showing					
	the direction north. You may substitute a publishing map showing the site location.	Please see Lo	cation Map	attached.		
	Description of Site: (Optional)					
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such					
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing, Include such information as how waste was disposed					
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MONSANTO COMPANY LULING, LOUISIANA



MAP SHOWING LOCATION OF LULING PLANT SITE